

*QUALITY OF LIFE ASSESSMENT
RESIDENT INTERVIEW*

Facility Name: _____ **Resident Name:** _____
Provider Number: _____ **Resident Identifier:** _____
Surveyor Name: _____ **Interview Dates/Times:** _____
Surveyor Number: _____ **Discipline:** _____

Instructions:

For question 1, if you are meeting with the resident in a location away from the resident's room, visit the room before the interview and note anything about the room that you want to discuss. For question 7, review the RAI to determine the ADL capabilities of this resident.

Introduce yourself and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that all residents receive good care. While we are here, we make a lot of observations, review the nursing home's records, and talk to residents to help us understand what it's like to live in this nursing home. We appreciate your taking the time to talk to us.”

“We ask certain questions because we want to know whether you have a say in decisions affecting your nursing and medical care, your schedule and the services you receive at this facility. We want to know how you feel about your life here and whether the facility has made efforts to accommodate your preferences.”

“If it is all right with you, I'd like to meet with you again later. That will give you time to think things over and to provide additional information later.”

In asking the following questions, it is not necessary to use the exact wording. However, do use complete questions, not one-word probes.

Get the resident to talk about actual situations and examples by using open-ended probes, such as: “Can you tell me more about that?” or “How is that done here?” Avoid asking leading questions which suggest a certain response.

If a resident gives a response to any question that indicates there may be a concern with facility services, probe to determine if the resident has communicated the problem to facility staff and what their response was.

1. ROOM: (F177, 201, 207, 242, 250, 252, 256, 257)

A good approach for initiating this discussion is to make a comment about something you have noticed about the resident's room, for example, “I notice that you have a lot of plants in your room.”

Please tell me about your room and how you feel about it.

Do you enjoy spending time in your room?

Is there enough light for you?

Is the room temperature comfortable?

Have you lived in a different room in the facility?

(If yes) **What was the reason for the room change?**

Did you have a choice about changing rooms?

Where was your other room? What was it like?

Is there anything you would like to change about your room?

(If yes) **Have you talked to the facility about this?**

How did they respond?

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2. ENVIRONMENT: (F252, 258)

I realize that being in a nursing home is not like being in your own home, but do staff here try to make this facility seem homelike?

We've already talked about your room. How about other places you use, like the activities room and dining room? Do they seem homelike to you?

Is there anything that would make this facility more comfortable for you?

Is it generally quiet or noisy here?

What about at night?

Is the facility usually clean and free of bad smells?

3. PRIVACY: (F164, 174)

Are you a person who likes to have privacy sometimes?

Are you able to have privacy when you want it?

Do staff and other residents respect your privacy?

Do you have a private place to meet with visitors?

(If no phone in room) **Where do you make phone calls?**

Do you have privacy when you are on the phone? (If the resident indicates any problems with privacy, probe for specific examples. Ask if they talked to staff and what was their response.)

4. FOOD: (F365)

Tell me about the food here.

Do you have any restrictions on your diet?

How does your food taste?

Are you served foods that you like to eat?

Are your hot and cold foods served at a temperature you like?

Have you ever refused to eat something served to you?

(If yes) **Did the facility offer you something else to eat?**

(If the resident refused a food and did not get a substitute) **Did you ask for another food? What was the facility's response?**

5. ACTIVITIES: (F242, 248)

How do you find out about the activities that are going on?

Are there activities available on the weekends?

Do you participate in activities?

(If yes) **What kinds of activities do you participate in?**

(If resident participates) **Do you enjoy these activities?**

(If resident does not participate, probe to find out why not.)

Is there some activity that you would like to do that is not available here?

(If yes) **Which activity would you like to attend?**

Have you talked to anybody about this? What was the response?

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6. STAFF: (F223, 241)

**Tell me how you feel about the staff members at this facility. Do they treat you with respect?
Do you feel they know something about you as a person?
Are they usually willing to take the time to listen when you want to talk about something personal or a problem you are having?
Do they make efforts to resolve your problems?**

**Has any resident or staff member ever physically harmed you?
Has any resident or staff member ever taken anything belonging to you without permission?
(If yes) Can you tell me who did this?
Has a staff member ever yelled or sworn at you?
(If yes) Please describe what happened.
Can you tell me who did this? Did you report this to someone?
(If yes) How did they respond?**

7. ADLs: (F216, 311, 312)

(Tailor this question to what you have observed and what is noted in the MDS about ADL capabilities of this resident.) For example: I see that your care plan calls for you to dress with a little help from staff. How is that working for you?

**Do you feel that you get help when you need it?
Do staff encourage you to do as much as you can for yourself?**

8. DECISIONS: (F154, 242, 280)

**Here at this facility, are you involved in making choices about your daily activities?
Are you involved in making decisions about your nursing care and medical treatment?
(If not, probe to determine what these choices and decisions are, and relate this information to necessary restrictions that are part of the resident's plan of care.)
Do you participate in meetings where staff plan your activities and daily medical and nursing care?**

**If you are unhappy with something, or if you want to change something about your care or your daily schedule, how do you let the facility know?
Do you feel the staff members listen to your requests and respond appropriately?
If the staff are unable to accommodate one of your requests, do they provide a reasonable explanation of why they cannot honor the request?
Can you choose how you spend the day?
Have you ever refused care or treatment (such as a bath or certain medication)?
(If yes) What happened then?**

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9. MEDICAL SERVICES: (F156, 163, 164, 250, 411, 412)

Who is your physician?

Did you choose your physician yourself?

(If no, probe for details about who selected the physician and why the resident did not do it.)

Are you satisfied with the care provided by your physician?

Can you see your doctor if you need to?

Do you see your physician here or at the office?

(If they say here) **Where in the facility does your doctor see you?**

Do you have privacy when you are examined by your physician?

(If they say they go to the office) **How do you get to the office?**

Do facility staff help you make doctor's appointments and help you obtain transportation?

Can you get to see a dentist, podiatrist, or other specialist if you need to?

10. (Write here any special items not already discussed that you have noted about this resident or about the facility that you would like to discuss with the resident.)

11. Is there anything else you would like to talk about regarding your life here?

Thank the resident. Review your notes from this interview and determine if there are any concerns you need to investigate further. Share any problems you have found with the team so they may keep them in mind during the remainder of the survey.